

PO#	ON	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>				
<b>O.I.P.E. CLASSIFIER</b>				
<b>FORMALITY REVIEW</b>				
<b>RESPONSE FORMALITY REVIEW</b>				
				10 1-19-01
				2-21-01
			657	5/10/01

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral).... Canceled      A ..... Appeal  
 -+ ..... Restricted      0 ..... Objected

Claim	Date
Final Original	9-9-03
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	N
42	N
43	N
44	N
45	N
46	N
47	N
48	N
49	N
50	N

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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